POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		10	12/6
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MT	523	04' 04 10;
RESPONSE FORMALITY REVIEW	RM	781	05-15-01

INDEX OF CLAIMS

✔ .... Rejected
= .... Allowed
— (Through numeral)... Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

Claim Final	Original	Date
	1	✔
	2	✔
	3	✔
	4	✔
	5	✔
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Claim Final	Original	Date
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Claim Final	Original	Date
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If more than 150 claims or 10 actions staple additional sheet here

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